

# COMMISSIONERS OF ST. MICHAELS MEDICAL BENEFIT COMPARISON



Diana H. Johnson, CEBS, CLU, ChFC

Effective Date: December 1, 2021

Date Prepared: September 13, 2021

	CURRENT CAREFIRST BLUE CHOICE SILVER \$2,500 DED HMO	MAPPED RENEWAL CAREFIRST BLUECHOICE SILVER \$2,000 DED HMO	OPTION 1 CAREFIRST BLUECHOICE SILVER \$2,400 DED HMO	OPTION 2 CAREFIRST BLUECHOICE SILVER \$3,000 DED HMO	OPTION 3 UNITED HEALTHCARE CHOICE SILVER \$2,500 DED HMO (CBYR)
Deductible	Aggregate	Aggregate	Aggregate	Separate	Non-Embedded
Individual	\$2,500	\$2,000	\$2,400	\$3,000	\$2,500
Non-Individual	\$5,000	\$4,000	\$4,800	\$6,000	\$5,000
Out of Pocket Maximum	Separate	Separate	Separate	Separate	Embedded
Individual	\$6,000	\$5,750	\$6,900	\$4,750	\$7,000
Non-Individual	\$12,000	\$11,500	\$13,800	\$9,500	\$14,000
Preventive Care <i>Due to ACA</i>	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Office Visit	Ded then \$20 Primary Care / \$40 Specialist Copay	Ded then \$25 Primary Care / \$50 Specialist Copay	Ded then 20% for Primary Care & Specialist Visits	Ded then \$25 Primary Care / \$50 Specialist Copay	Ded then: \$30 PC/\$50 Spec Copay for Spec Daily Network Providers OR \$60 PC/\$100 Spec Copay for Network Providers
Diagnostic, X-Ray & Lab	Non-Hosp Fac: Lab (LabCorp) = Ded then Cov in Full X-Ray = Ded then Cov in Full Imaging = Ded then \$250 Copay Hosp Fac: Lab = Ded then \$50 Copay X-Ray = Ded then \$100 Copay Imaging = Ded then \$500 Copay	Non-Hosp Fac: Lab (LabCorp) = Ded then \$25 Copay X-Ray = Ded then \$50 Copay Imaging = Ded then \$250 Copay Hosp Fac: Lab = Ded then \$50 Copay X-Ray = Ded then \$100 Copay Imaging = Ded then \$500 Copay	Ded then 20%	Non-Hosp Fac: Lab (LabCorp) = Ded then \$25 Copay X-Ray = Ded then \$50 Copay Imaging = Ded then \$250 Copay Hosp Fac: Lab = Ded then \$50 Copay X-Ray = Ded then \$100 Copay Imaging = Ded then \$500 Copay	Ded Then: Labs: Covered in Full X-Rays: Covered in Full Imaging: Covered in Full @ Non-Hosp Fac / \$350 Copay @ Hosp Fac
Outpatient Surgery	Ded then Covered in Full (Non-Hosp Fac) or Ded then \$250 Copay (Hosp Fac)	Ded then: \$300 (Non-Hosp Fac) or \$400 (Hosp Fac) Copay	Ded then 20%	Ded then: \$300 (Non-Hosp Fac) or \$400 (Hosp Fac) Copay	Ded then: Covered in Full (Non-Hosp Fac) or \$350 Copay (Hosp Fac)
Inpatient Hospitalization	Ded then \$500 Copay	Ded then \$500 Copay/Day (\$1,500 Max)	Ded then 20%	Ded then \$500 Copay/Day (\$2,500 Max)	Ded then \$500 Copay
Urgent Care	Ded then \$50 Copay	Ded then \$100 Copay	Ded then 20%	Ded then \$100 Copay	Ded then \$60 Copay
Emergency Room (waived if admitted)	Ded then \$150 Copay	Ded then \$250 Copay	Ded then 20%	Ded then \$250 Copay	Ded then \$350 Copay
Prescription Drugs	Integrated w/Medical Plan then	Integrated w/Medical Plan then	Integrated w/Medical Plan then	Integrated w/Medical Plan then	Integrated w/Medical Plan then
Deductible	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Tier 1 - Generic Drugs	50% Coinsurance to \$100 Max	50% Coinsurance to \$100 Max	50% Coinsurance to \$100 Max	50% Coinsurance to \$100 Max	30% Coinsurance to \$150 Max
Tier 1 - Specialty Drugs	\$45 Copay	\$45 Copay	20% Coinsurance	\$45 Copay	\$45 Copay
Tier 2 - Preferred Brand Drugs	50% Coinsurance to \$100 Max	50% Coinsurance to \$100 Max	50% Coinsurance to \$100 Max	50% Coinsurance to \$100 Max	30% Coinsurance to \$150 Max
Tier 2 - Specialty Drugs	\$65 Copay	\$65 Copay	40%Coinsurance	\$65 Copay	20% Coinsurance to \$100 Max
Tier 3 - Non-Preferred Brand Drugs	50% Coinsurance to \$150 Max	50% Coinsurance to \$150 Max	50% Coinsurance to \$150 Max	50% Coinsurance to \$200 Max	30% Coinsurance to \$150 Max
Tier 3 - Specialty Drugs	2 x Copays	2 x Copays	2 x Copays	2 x Copays	2 x Copays
Maintenance Meds - Copays	\$14,835.75	\$16,691.25	\$16,242.30	\$16,271.45	\$18,263.80
Monthly Premium Amount					

Effective Date: December 1, 2021

Date Prepared: September 13, 2021

Percentage Change

Note: These benefit descriptions are brief. Actual benefits will be coordinated and paid based on the Master Contract. Actual rates are based on final enrollment and approval from the carrier. This comparison is for Commissioners of St. Michaels only and is not to be released to any outside parties without the expressed consent of Avon-Dixon, an Alera Group Agency, LLC

CURRENT CAREFIRST BLUE CHOICE	MAPPED RENEWAL CAREFIRST BLUECHOICE SILVER \$2,000 DED HMO	OPTION 1 CAREFIRST BLUECHOICE SILVER \$2,400 DED HMO	OPTION 2 CAREFIRST BLUECHOICE SILVER \$3,000 DED HMO	OPTION 3 UNITED HEALTHCARE CHOICE SILVER \$2,500 DED HMO (CBYR)
SILVER \$2,500 DED HMO	12.51%	14.20%	9.48%	9.68%
				23.11%